

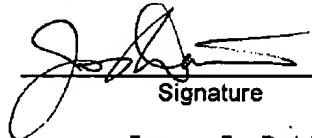
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PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 24764A								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">In re Application of Ables</td> </tr> <tr> <td style="width: 60%;">Application Number 09/593,550</td> <td style="width: 40%;">Filed 14 JUN 00</td> </tr> <tr> <td colspan="2">For String Binders and Method for Making Same</td> </tr> <tr> <td>Group Art Unit 1771</td> <td>Examiner Guarriello</td> </tr> </table>			In re Application of Ables		Application Number 09/593,550	Filed 14 JUN 00	For String Binders and Method for Making Same		Group Art Unit 1771	Examiner Guarriello
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Group Art Unit 1771	Examiner Guarriello									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0568</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> </div> <div style="width: 15%; text-align: right;"> <p>\$ <u>110.00</u></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div>										
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>7-11-03</u> Date</p> </div> <div style="width: 45%; text-align: center;">  Signature <hr/> James J. Dottavio Typed or printed name </div> </div>										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>										
<p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>										

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